

B1 (Official Form 1)(1/08)

United States Bankruptcy Court Northern District of Illinois				Voluntary Petition											
Name of Debtor (if individual, enter Last, First, Middle): Ramos, Anthony			Name of Joint Debtor (Spouse) (Last, First, Middle):												
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):												
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) xxx-xx-1070			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)												
Street Address of Debtor (No. and Street, City, and State): 21736 W. Joplin Ct. Plainfield, IL <div style="text-align: right; font-size: small;">ZIP Code 60544-7109</div>			Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right; font-size: small;">ZIP Code</div>												
County of Residence or of the Principal Place of Business: Will			County of Residence or of the Principal Place of Business:												
Mailing Address of Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>			Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>												
Location of Principal Assets of Business Debtor (if different from street address above):															
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.											
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.			Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).												
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.				THIS SPACE IS FOR COURT USE ONLY											
Estimated Number of Creditors <table style="width: 100%; font-size: small;"><tr><td><input type="checkbox"/> 1-49</td><td><input checked="" type="checkbox"/> 50-99</td><td><input type="checkbox"/> 100-199</td><td><input type="checkbox"/> 200-999</td><td><input type="checkbox"/> 1,000-5,000</td><td><input type="checkbox"/> 5,001-10,000</td><td><input type="checkbox"/> 10,001-25,000</td><td><input type="checkbox"/> 25,001-50,000</td><td><input type="checkbox"/> 50,001-100,000</td><td><input type="checkbox"/> OVER 100,000</td></tr></table>						<input type="checkbox"/> 1-49	<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> OVER 100,000
<input type="checkbox"/> 1-49	<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input type="checkbox"/> 200-999			<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> OVER 100,000				
Estimated Assets <table style="width: 100%; font-size: small;"><tr><td><input type="checkbox"/> \$0 to \$50,000</td><td><input type="checkbox"/> \$50,001 to \$100,000</td><td><input checked="" type="checkbox"/> \$100,001 to \$500,000</td><td><input type="checkbox"/> \$500,001 to \$1 million</td><td><input type="checkbox"/> \$1,000,001 to \$10 million</td><td><input type="checkbox"/> \$10,000,001 to \$50 million</td><td><input type="checkbox"/> \$50,000,001 to \$100 million</td><td><input type="checkbox"/> \$100,000,001 to \$500 million</td><td><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table>						<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion
<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion						
Estimated Liabilities <table style="width: 100%; font-size: small;"><tr><td><input type="checkbox"/> \$0 to \$50,000</td><td><input type="checkbox"/> \$50,001 to \$100,000</td><td><input checked="" type="checkbox"/> \$100,001 to \$500,000</td><td><input type="checkbox"/> \$500,001 to \$1 million</td><td><input type="checkbox"/> \$1,000,001 to \$10 million</td><td><input type="checkbox"/> \$10,000,001 to \$50 million</td><td><input type="checkbox"/> \$50,000,001 to \$100 million</td><td><input type="checkbox"/> \$100,000,001 to \$500 million</td><td><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table>				<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion		
<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion						

Voluntary Petition*(This page must be completed and filed in every case)*Name of Debtor(s):
Ramos, Anthony**All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location Where Filed: Northern District of Illinois, Eastern Division	Case Number: 08-01795	Date Filed: 1/28/08
Location Where Filed:	Case Number:	Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor: - None -	Case Number:	Date Filed:
District:	Relationship:	Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

X /s/ Richard G. Larsen **May 6, 2009**
Signature of Attorney for Debtor(s) (Date)
Richard G. Larsen

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

- ☐ Yes, and Exhibit C is attached and made a part of this petition.
☒ No.

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

Information Regarding the Debtor - Venue

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Voluntary Petition*(This page must be completed and filed in every case)*Name of Debtor(s):
Ramos, Anthony**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Anthony RamosSignature of Debtor **Anthony Ramos****X**

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

May 6, 2009

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.**X**

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

Signature of Attorney***X /s/ Richard G. Larsen**

Signature of Attorney for Debtor(s)

Richard G. Larsen

Printed Name of Attorney for Debtor(s)

Myler, Ruddy & McTavish

Firm Name

**105 E. Galena Blvd.
8th Floor
Aurora, IL 60505**

Address

**amctavish@mrmlaw.com cmyler@mrmlaw.com
630-897-8475 Fax: 630-897-8076**

Telephone Number

May 6, 2009

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

B 1D(Official Form 1, Exhibit D) (12/08)

**United States Bankruptcy Court
Northern District of Illinois**

In re Anthony Ramos

Debtor(s)

Case No.

Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* ____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

B 1D(Official Form 1, Exhibit D) (12/08) - Cont.

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Anthony Ramos
Anthony Ramos

Date: May 6, 2009

B6 Summary (Official Form 6 - Summary) (12/07)

United States Bankruptcy Court
Northern District of Illinois

In re **Anthony Ramos**,
 Debtor

Case No. _____

Chapter **7**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	210,000.00		
B - Personal Property	Yes	3	31,327.50		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	2		264,909.63	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	3		1,163.74	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	15		196,538.55	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	4			
I - Current Income of Individual Debtor(s)	Yes	2			3,846.06
J - Current Expenditures of Individual Debtor(s)	Yes	2			4,605.51
Total Number of Sheets of ALL Schedules		34			
Total Assets			241,327.50		
Total Liabilities				462,611.92	

United States Bankruptcy Court
Northern District of Illinois

In re **Anthony Ramos**

Debtor

Case No. _____

Chapter 7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

- ☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	1,163.74
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	1,163.74

State the following:

Average Income (from Schedule I, Line 16)	3,846.06
Average Expenses (from Schedule J, Line 18)	4,605.51
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	8,086.40

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		40,121.30
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	1,163.74	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		196,538.55
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		236,659.85

B6A (Official Form 6A) (12/07)

In re Anthony Ramos, Debtor Case No. _____

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
Single Family Home - 21736 W. Joplin Ct., Plainfield, IL	Fee simple	J	210,000.00	196,069.33
Timeshare Silverleaf Resorts, Inc. P.O. Box 132640 Dallas, TX 75313	Fee simple	J	0.00	10,139.36

Sub-Total > **210,000.00** (Total of this page)

Total > **210,000.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

B6B (Official Form 6B) (12/07)

In re **Anthony Ramos**

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petitioner is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking Acct: First Midwest Bank, Plainfield, IL Account No. 0512 Current Balance: \$125.25	J	62.50
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		Household Goods and Furniture, Computers, etc.	J	500.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Miscellaneous Clothing	H	500.00
7. Furs and jewelry.		Wedding Rings	H	500.00
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			

Sub-Total > **1,562.50**
(Total of this page)

2 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re Anthony Ramos, Debtor Case No. _____

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	<input checked="" type="checkbox"/>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	<input checked="" type="checkbox"/>			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	<input checked="" type="checkbox"/>			
14. Interests in partnerships or joint ventures. Itemize.	<input checked="" type="checkbox"/>			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	<input checked="" type="checkbox"/>			
16. Accounts receivable.	<input checked="" type="checkbox"/>			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<input checked="" type="checkbox"/>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<input checked="" type="checkbox"/>			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<input checked="" type="checkbox"/>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<input checked="" type="checkbox"/>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<input checked="" type="checkbox"/>			

Sub-Total > **0.00**
(Total of this page)

Sheet 1 of 2 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re Anthony Ramos, Debtor Case No. _____

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2007 Nissan Murano, 20,000 mi.	H	21,170.00
		2003 Honda Pilot, 85,000 mi	H	7,595.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.		Office Equipment, Desk, Supplies, etc.	H	1,000.00
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total > **29,765.00**
(Total of this page)
Total > **31,327.50**

Sheet 2 of 2 continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

B6C (Official Form 6C) (12/07)

In re **Anthony Ramos**

Case No. _____

Debtor

SCHEDULE C - PROPERTY CLAIMED AS EXEMPTDebtor claims the exemptions to which debtor is entitled under:
(Check one box)☐ 11 U.S.C. §522(b)(2)☒ 11 U.S.C. §522(b)(3)☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<u>Real Property</u>			
Single Family Home - 21736 W. Joplin Ct., Plainfield, IL	735 ILCS 5/12-901	15,000.00	210,000.00
<u>Checking, Savings, or Other Financial Accounts, Certificates of Deposit</u>			
Checking Acct: First Midwest Bank, Plainfield, IL Account No. 0512 Current Balance: \$125.25	735 ILCS 5/12-1001(b)	62.50	125.00
<u>Household Goods and Furnishings</u>			
Household Goods and Furniture, Computers, etc.	735 ILCS 5/12-1001(b)	500.00	1,000.00
<u>Wearing Apparel</u>			
Miscellaneous Clothing	735 ILCS 5/12-1001(a)	500.00	500.00
<u>Furs and Jewelry</u>			
Wedding Rings	735 ILCS 5/12-1001(b)	500.00	500.00
<u>Automobiles, Trucks, Trailers, and Other Vehicles</u>			
2003 Honda Pilot, 85,000 mi	735 ILCS 5/12-1001(c)	2,400.00	7,595.00
<u>Office Equipment, Furnishings and Supplies</u>			
Office Equipment, Desk, Supplies, etc.	735 ILCS 5/12-1001(b)	1,000.00	1,000.00

Total:	19,962.50	220,720.00
--------	------------------	-------------------

0 continuation sheets attached to Schedule of Property Claimed as Exempt

B6D (Official Form 6D) (12/07)

In re **Anthony Ramos**

Case No. _____

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. 0271-2721397285			Auto, Purchase Money Security Interest					
Citizens Automobile Finance One Citizens Drive Riverside, RI 02915		H	2007 Nissan Murano, 20,000 mi.					
			Value \$ 21,170.00				44,844.80	23,674.80
Account No. 00150021292-14567			Commercial Loan, Non-Purchase Money Security					
First Midwest Bank 410 W Lockport St Plainfield, IL 60544		H	2003 Honda Pilot, 85,000 mi					
			Value \$ 7,595.00				13,902.14	6,307.14
Account No. xxxxx-6792			7/01/08 - 2009					
Lakewood Falls Community Assoc C/O Keough & Moody, P.C. 1001 East Chicago Ave, Suite 103 Naperville, IL 60540		H	Security Interest, Homeowners Association Dues					
			Single Family Home - 21736 W. Joplin Ct., Plainfield, IL					
			Value \$ 210,000.00				642.25	0.00
Account No. PHxx01 44			Security Interest					
Silverleaf Resorts, Inc. P.O. Box 132640 Dallas, TX 75313		X J	Timeshare Silverleaf Resorts, Inc. P.O. Box 132640 Dallas, TX 75313					
			Value \$ 0.00				10,139.36	10,139.36
Subtotal (Total of this page)							69,528.55	40,121.30

1 continuation sheets attached

B6D (Official Form 6D) (12/07) - Cont.

In re **Anthony Ramos**

Case No. _____

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B I T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN					
Account No. 0197985401	H	First Mortgage					
Wells Fargo Home Mortgage PO Box 5296 Carol Stream, IL 60197-5296		Single Family Home - 21736 W. Joplin Ct., Plainfield, IL					
		Value \$ 210,000.00				195,381.08	0.00
Account No.							
		Value \$					
Account No.							
		Value \$					
Account No.							
		Value \$					
Account No.							
		Value \$					

Sheet **1** of **1** continuation sheets attached to
Schedule of Creditors Holding Secured ClaimsSubtotal
(Total of this page)**195,381.08****0.00**Total
(Report on Summary of Schedules)**264,909.63****40,121.30**

In re **Anthony Ramos**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)**☒ Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ Deposits by individuals

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ Taxes and certain other debts owed to governmental units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (12/07) - Cont.

In re Anthony Ramos,
Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Domestic Support Obligations

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
									AMOUNT ENTITLED TO PRIORITY
Account No.									
Farhat Schaefer 3701 Village Drive Hazel Crest, IL 60429		H		Child Support					0.00
								0.00	0.00
Account No.									
Account No.									
Account No.									
Account No.									
Subtotal									0.00
(Total of this page)								0.00	0.00

Sheet 1 of 2 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (12/07) - Cont.

In re **Anthony Ramos**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. xxxx-5340, xxxxxxxx0777 Illinois Department of Revenue ICS Payment & Correspondence Unit P.O. Box 19043 Springfield, IL 62794-9043		H	Unpaid Taxes Harvard Collection Services Inc. No. 71465340000 ID 11597531					0.00
							633.77	633.77
Account No. xxx-xxx-xxxx 7146 Illinois Department of Revenue 101 W. Jefferson St. P.O. Box 19475 Springfield, IL 62794-9475		H	2008 Unpaid Taxes S V 200811585802023					0.00
							529.97	529.97
Account No.								
Account No.								
Account No.								

Sheet **2** of **2** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority ClaimsSubtotal
(Total of this page)**1,163.74****0.00**
1,163.74Total
(Report on Summary of Schedules)**1,163.74****0.00**
1,163.74

B6F (Official Form 6F) (12/07)

In re **Anthony Ramos**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
Account No. ILLxx0444 Accelerated Rehab Centers LTD 2396 Momentum Place Chicago, IL 60689-5323		X J	2008 Medical				56.60
Account No. xxx8271, xxx9910 Adventist Bolingbrook Hospital C/O North American Credit Services P.O. Box 182221 Chattanooga, TN 37422-7221		X J	2008 - 2009 Medical				748.85
Account No. 6447676 Adventist Hinsdale Hospital PO Box 9247 Hinsdale, IL 60522-9247		X J	7/21/07 Medical Services				92.09
Account No. xxxxx2972 AT&T P.O. Box 6428 Carol Stream, IL 60197-6428		X J	2008 - 2009 Telecommunications				812.46
Subtotal (Total of this page)							1,710.00

14 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Anthony Ramos**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No. xxxxx9645	X	J	2008 - 2009 Telecommunications			690.67	
AT&T P.O. Box 6428 Carol Stream, IL 60197-6428							
Account No. xx-xxxx5516	X	J	2008 - 2009 Telecommunications			167.99	
AT&T C/O Collection Company of America P.O. Box 806 Norwell, MA 02061-0806							
Account No. xxxxx3605	X	J	2007 - 2008 Former Business Debt Upscale Tails			3,300.23	
AT&T Real Yellow Pages C/O DEX 8519 Innovation Way Chicago, IL 60682-0085							
Account No. 6019 1821 0042 8814		H	Credit Line			234.82	
Care Credit/GE Money Bank P.O. Box 981127 El Paso, TX 79998-1127							
Account No. ID xxxxxx xxx6694	X	J	2008 - 2009 Medical			219.40	
Center for Surgery Hinsdale Hosp C/O Creditors Collection Bureau Inc P.O. Box 63 Kankakee, IL 60901-0063							
Sheet no. <u>1</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	4,613.11

B6F (Official Form 6F) (12/07) - Cont.

In re **Anthony Ramos**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 4388 5750 7097 8585 Chase Bank USA, N.A. Bankruptcy Dept PO Bos 10018 Kennesaw, GA 30156	H	Credit Line - United Mileage Plus				33,023.41
Account No. xxxx OV xx0535 Clerk Of The 12th Judicial Circuit 14 West Jefferson Street Room 208 Joliet, IL 60432	X J	2008 Will County Animal Control - D Judgment				1,575.00
Account No. xxCSxx8631 Clerk of the Circuit Court Cook Cty 28 N. Clark Street Room 200 Chicago, IL 60602	H	2001 Judgment Case No. 2001 D 0630417				72.00
Account No. xxxx xx xxx xxx6150 Comcast P.O. Box 3002 Southeastern, PA 19398-3002	H	2008 - 2009 Utilities				330.49
Account No. xx7442 Corwin Medical Care LTD 15728 S. Route 59 Plainfield, IL 60544	X J	2008 - 2009 Medical				16.60
Sheet no. <u>2</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 35,017.50

B6F (Official Form 6F) (12/07) - Cont.

In re **Anthony Ramos**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 6011-0074-4588-2888 Discover Card C/O CBCS P.O. Box 1810 Columbus, OH 43216-1810		H	2005 - 2009 Credit Line				13,896.49
Account No. 716762-69278314 DuPage Medical Group 1860 Paysphere Circle Chicago, IL 60674		H	Medical Services				22.40
Account No. xxxxxx-xxxx7307 DuPage Medical Group 1860 Paysphere Circle Chicago, IL 60674		X J	2008 - 2009 Medical				761.49
Account No. xxxxxx-xxxx0411 DuPage Medical Group 1860 Paysphere Circle Chicago, IL 60674		X J	2008 Medical				661.39
Account No. xxxxxx xx-xxxxx0399 DuPage Medical Group C/O Merchants Credit Guide Co 223 W Jackson Blvd. Chicago, IL 60606		X J	2007 - 2009 Medical				147.10
Sheet no. 3 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							15,488.87

B6F (Official Form 6F) (12/07) - Cont.

In re **Anthony Ramos**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. xxxxxx xx-xxxxx0104	X	J	2007 - 2009 Medical			643.79
DuPage Medical Group C/O Merchants Credit Guide Co 223 W Jackson Blvd Chicago, IL 60606						
Account No. xxxxxx xx-xxxxx9274	X	J	2007 - 2009 Medical			100.10
DuPage Medical Group C/O Merchants Credit Guide Co 223 W Jackson Blvd Chicago, IL 60606						
Account No. RAM'T1000	X	J	2008 - 2009 Medical			37.90
DuPage Pulmonary Assoc LLC 2500 S. Highland Ave, Suite 325 Downers Grove, IL 60515						
Account No. Exxxxx1934, xxx0843	X	J	4-01-08 - 4-03-08 Medical			275.14
Edward Hospital & Health Services C/O Revenue Production Mgmt - IL T Dept 77308, PO Box 77000 Detroit, MI 48277-0308						
Account No. Exxxxx1677, xxx0830	X	J	3-07-08 Medical			123.47
Edward Hospital & Health Services C/O Revenue Production Mgmt - IL T Dept 77308, PO Box 77000 Detroit, MI 48277-0308						
Sheet no. <u>4</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			1,180.40

B6F (Official Form 6F) (12/07) - Cont.

In re **Anthony Ramos**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. EOxxx5611	X	J	2008 - 2009 Medical				3,312.75
Edward Hospital & Health Services 801 S. Washington St. Naperville, IL 60540-7060							
Account No. xxx xx4306	X	J	2008 - 2009 Medical				21.70
Emergency Healthcare Physicians C/O State Collection Service, INc P.O. Box 6250 Madison, WI 53716-0250							
Account No. EV3750		H	2008 - 2009				74.00
First Federal Credit Control P.O. Box 20790 Columbus, OH 43220-0790							
Account No. xxxxxx0512		H	July, 2008 Checking Account Overdrawn				82.95
First Midwest Bank 410 W Lockport St Plainfield, IL 60544							
Account No. 72A	X	J	2008 - 2009				23.00
First Midwest Bank 153 491 South Route 59 Aurora, IL 60504							
Sheet no. 5 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			3,514.40

B6F (Official Form 6F) (12/07) - Cont.

In re **Anthony Ramos**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxx2812 Ford Credit National Bankruptcy Service Ctr P.O. Box 537901 Livonia, MI 48153-7901		H	2006 Ford E450 Custom Van (5000 miles) Repossessed, March 2008				71,978.01
Account No. x2575 Full Scope Family Medicine 1828 Bay Scott Circle, Suite 112 Naperville, IL 60540		X J	2008 - 2009 Medical				17.50
Account No. 535971378 Harris & Harris Ltd 600 W Jackson Blvd Ste #400 Chicago, IL 60661		H	RE Advocate-Christ Medical Center				750.00
Account No. ID xxxxxxxx-x xxx0766 Hinsdale Hospital Cardiology C/O Creditors Collection Bureau Inc P.O. Box 63 Kankakee, IL 60901-0063		X J	2008 - 2009 Medical				20.00
Account No. 10328, 12629 141 Hobson Dental Associates 7409 Woodridge Dr Woodridge, IL 60517		X J	Medical Services				422.60
Sheet no. 6 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							73,188.11

B6F (Official Form 6F) (12/07) - Cont.

In re **Anthony Ramos**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 10294689; ICS Collection Service PO Box 1010 Tinley Park, IL 60477-9110	H	Advocate Good Samarital Hospital Acct #116869827				38.03
Account No. 1546017 407 IPC of Illinois PO Box 92934 Los Angeles, CA 90009	J	RE Good Samaritan - Medical Services				49.10
Account No. Law Office of Thomas J Vloch 477 E Butterfield Rd, Ste #103 Lombard, IL 60148	X J	2007 - 2009 Attorney Fees				1,742.50
Account No. Rxx-3736, 5971 Lockport Township Fire Protection 828 E. 95th Street Lockport, IL 60441	H	2008 - 2009 Medical				650.00
Account No. 370165 M&M Orthopaedics Ltd 4300 Commerce Ct, Ste #230 Lisle, IL 60532-3698	H	2-07-08 - 6-02-08 Medical Services				231.38
Sheet no. <u>7</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 2,711.01

B6F (Official Form 6F) (12/07) - Cont.

In re **Anthony Ramos**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xx4787	X	J	2008 - 2009 Medical				7.00
M&M Orthopaedics Ltd 4300 Commerce Ct Ste #230 Lisle, IL 60532-3698							
Account No. xx Dx x0417		H	2001 - 2009 Attorney Fees				2,835.00
Mark E. Becker Attorney At Law 1105 W. Burlington Ave Western Springs, IL 60558							
Account No. XXXXXX5JWI	X	J	4/2007 MED1 Medical				231.00
Med Busi Bur 1460 Renaissance D Ste 400 Park Ridge, IL 60068							
Account No. XXXXXX1731		H	7/2006 Edward Hospital Acct				30,456.00
Merchants Credit 2230 W Jackson Blvd Ste #900 Chicago, IL 60606							
Account No. xxx xx2 119 UM		H	2008 - 2009				145.18
Metropolitan Life Insurance Co P.O. Box 30375 Tampa, FL 33630-3375							
Sheet no. 8 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			33,674.18

B6F (Official Form 6F) (12/07) - Cont.

In re **Anthony Ramos**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxx0071 UL			2008 - 2009				450.00
Metropolitan Life Insurance Co P.O. Box 37487 Pittsburgh, PA 15250-7487		H					
Account No.			Attorney Fees				1,800.00
Michael Sabath, Esq 2333 Waukegan Rd Ste #260 Bannockburn, IL 60015		H					
Account No. BCBS B 1082936			Returned Check				25.00
MidAmerica Cardiovascular Consultnt 5009 W 95th St Oak Lawn, IL 60453		H					
Account No. xx5190			2008 - 2009 Medical				44.70
Midwest Women OB Gyn Ltd 3828 Highland Ave, Suite 2F Downers Grove, IL 60515-1548		X J					
Account No. 196605			Medical Services				24.70
Naperville Radiologists 6910 S. Madison St. Willowbrook, IL 60527		H					
Sheet no. 9 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							2,344.40
Subtotal (Total of this page)							2,344.40

B6F (Official Form 6F) (12/07) - Cont.

In re **Anthony Ramos**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. x6434	X	J	2008 - 2009 Medical				159.10
Naperville Radiologists 6910 S. Madison St. Willowbrook, IL 60527							
Account No. xxxx6646		H	2008 - 2009				24.00
National Home Gardening Club P.O. Box 3526 Minnetonka, MN 55343-3526							
Account No. xxxxx8147	X	J	2008 - 2009				3,596.01
Nelson Watson & Associates, LLC P.O. Box 1299 Haverhill, MA 01831-1799							
Account No. XXXXXX1403		H	11/2003 Utilities				39.00
Nicor Gas 1844 W. Ferry Rd. Naperville, IL 60563-9662							
Account No. xxxx xxxx 6113	X	J	2008 - 2009				51.48
North Shore Agency, Inc. - NU1 PO Box 8901 Westbury, NY 11590-8901							
Sheet no. <u>10</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			3,869.59

B6F (Official Form 6F) (12/07) - Cont.

In re **Anthony Ramos**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 535971378			Medical Services				38.70
Oaklawn Radiology Imaging Consultnt 37241 Eagle Way Chicago, IL 60678	X	J					
Account No. 18425			Medical Services				48.60
Palos Interests SC 5702 W 95th St Oak Lawn, IL 60453	X	J					
Account No. 2305493 182764			RE Hinsdale Hospital Cardiology Dept				20.00
Physicians Billing Office PO Box 7003 Bolingbrook, IL 60440-7003		H					
Account No. Code WDL, xxxxxx2871			2008 - 2009 Medical				11.00
Quest Diagnostics PO Box 64804 Baltimore, MD 21264	X	J					
Account No. xxxxx3605			2007 - 2009				3,349.78
R.H. Donnelley C/O McCarthy, Burgess & Wolf 26000 Cannon Road Cleaveland, OH 44146	X	J					
Sheet no. 11 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							3,468.08

B6F (Official Form 6F) (12/07) - Cont.

In re **Anthony Ramos**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. B xxxx0201			2008 - 2009				
Samaritan Interfaith Counseling Ctr 1819 Bay Scott Circle, Suite 109 Naperville, IL 60540-1130		X J					41.00
Account No. 771 4 11 0589858828			Credit Line				
Sams' Club PO Box 530942 Atlanta, GA 30353-0942		H					2,840.51
Account No. xxxxx8147, File xxxx1379			2006 - 2009				
Sears C/O FMA Alliance, Ltd. P.O. Box 2409 Houston, TX 77252-2409		H					3,570.05
Account No. 5121 0719 5325 8906			Credit Line				
Sears Credit Cards PO Box 183082 Columbus, OH 43218-3082		H					1,070.99
Account No. Pxx xxxx-D31-13K			2008 - 2009				
State Farm Insurance Co. C/O Insurance Support Center P.O. Box 680001 Dallas, TX 75368-0001		X J					331.89
Sheet no. 12 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							7,854.44

B6F (Official Form 6F) (12/07) - Cont.

In re **Anthony Ramos**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxx xxxx-D17-13B			2008 - 2009				
State Farm Insurance Co. C/O Insurance Support Center P.O. Box 680001 Dallas, TX 75368-0001	X	J					352.02
Account No. 76-8003015			Medical Services				
Suburban Radiologists SC 1446 Momentum Place Chicago, IL 60689-5314	X	J					42.00
Account No. xx-xxx4982			2008 - 2009 Medical				
Suburban Radiologists SC 1446 Momentum Place Chicago, IL 60689-5314	X	J					304.00
Account No. RAMAN002			2-23-07 - 4-03-07 Medical				
Sudhir M. Gokhale, MD, SC 10522 S Cicero Ste 2D Oak Lawn, IL 60453		H					402.00
Account No. 11564			Medical Services				
Surgical Consultants of DuPage 908 N Elm St #310 Hinsdale, IL 60521		H					11.60
Sheet no. 13 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							1,111.62

B6F (Official Form 6F) (12/07) - Cont.

In re **Anthony Ramos**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 4352-3767-4240-7000		Credit Line				5,806.82
Target National Bank C/O Enhanced Recovery Corp 8014 Bayberry Road Jacksonville, FL 32256-7412	H					
Account No. xxx6694, ID xx0626		2008 - 2009 Medical				175.52
The Center for Surgery 475 E Diehl Rd Naperville, IL 60563-3278	X J					
Account No. 072190374		RE Oaklawn Radiology Imaging Consultants, Acct #535971378				43.50
Trustmark Recovery Services 541 Otis Bowen Dr Munster, IN 46321	H					
Account No. xxxxxxxx0-001		2008 - 2009				600.00
Village of Romeoville 13 Montrose Drive Romeoville, IL 60446-1390	H					
Account No. XXXXXX2987		2/2007 Telecommunications				167.00
West Asset Management PO Box 2308 Sherman, TX 75091	X J					
Sheet no. 14 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						Total (Report on Summary of Schedules)
						6,792.84
						196,538.55

B6G (Official Form 6G) (12/07)

In re Anthony Ramos

Case No. _____

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
--	--

In re **Anthony Ramos**

Case No. _____

Debtor

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Tiffene Ramos 21736 W Joplin Ct Plainfield, IL 60544-7019	AT&T Real Yellow Pages C/O DEX 8519 Innovation Way Chicago, IL 60682-0085
Tiffene Ramos 21736 W Joplin Ct Plainfield, IL 60544-7019	Adventist Bolingbrook Hospital C/O North American Credit Services P.O. Box 182221 Chattanooga, TN 37422-7221
Tiffene Ramos 21736 W Joplin Ct Plainfield, IL 60544-7019	Adventist Hinsdale Hospital PO Box 9247 Hinsdale, IL 60522-9247
Tiffene Ramos 21736 W Joplin Ct Plainfield, IL 60544-7019	AT&T P.O. Box 6428 Carol Stream, IL 60197-6428
Tiffene Ramos 21736 W Joplin Ct Plainfield, IL 60544-7019	AT&T P.O. Box 6428 Carol Stream, IL 60197-6428
Tiffene Ramos 21736 W Joplin Ct Plainfield, IL 60544-7019	Clerk Of The 12th Judicial Circuit 14 West Jefferson Street Room 208 Joliet, IL 60432
Tiffene Ramos 21736 W Joplin Ct Plainfield, IL 60544-7019	AT&T C/O Collection Company of America P.O. Box 806 Norwell, MA 02061-0806
Tiffene Ramos 21736 W Joplin Ct Plainfield, IL 60544-7019	Corwin Medical Care LTD 15728 S. Route 59 Plainfield, IL 60544
Tiffene Ramos 21736 W Joplin Ct Plainfield, IL 60544-7019	Center for Surgery Hinsdale Hosp C/O Creditors Collection Bureau Inc P.O. Box 63 Kankakee, IL 60901-0063
Tiffene Ramos 21736 W Joplin Ct Plainfield, IL 60544-7019	Hinsdale Hospital Cardiology C/O Creditors Collection Bureau Inc P.O. Box 63 Kankakee, IL 60901-0063

In re Anthony Ramos, Case No. _____
Debtor

SCHEDULE H - CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Tiffene Ramos 21736 W Joplin Ct Plainfield, IL 60544-7019	DuPage Medical Group 1860 Paysphere Circle Chicago, IL 60674
Tiffene Ramos 21736 W Joplin Ct Plainfield, IL 60544-7019	DuPage Medical Group 1860 Paysphere Circle Chicago, IL 60674
Tiffene Ramos 21736 W Joplin Ct Plainfield, IL 60544-7019	Accelerated Rehab Centers LTD 2396 Momentum Place Chicago, IL 60689-5323
Tiffene Ramos 21736 W Joplin Ct Plainfield, IL 60544-7019	Edward Hospital & Health Services C/O Revenue Production Mgmt - IL T Dept 77308, PO Box 77000 Detroit, MI 48277-0308
Tiffene Ramos 21736 W Joplin Ct Plainfield, IL 60544-7019	Edward Hospital & Health Services C/O Revenue Production Mgmt - IL T Dept 77308, PO Box 77000 Detroit, MI 48277-0308
Tiffene Ramos 21736 W Joplin Ct Plainfield, IL 60544-7019	Hobson Dental Associates 7409 Woodridge Dr Woodridge, IL 60517
Tiffene Ramos 21736 W Joplin Ct Plainfield, IL 60544-7019	Law Office of Thomas J Vloch 477 E Butterfield Rd, Ste #103 Lombard, IL 60148
Tiffene Ramos 21736 W Joplin Ct Plainfield, IL 60544-7019	Med Busi Bur 1460 Renaissance D Ste 400 Park Ridge, IL 60068
Tiffene Ramos 21736 W Joplin Ct Plainfield, IL 60544-7019	Oaklawn Radiology Imaging Consultnt 37241 Eagle Way Chicago, IL 60678
Tiffene Ramos 21736 W Joplin Ct Plainfield, IL 60544-7019	Palos Interests SC 5702 W 95th St Oak Lawn, IL 60453
Tiffene Ramos 21736 W Joplin Ct Plainfield, IL 60544-7019	Suburban Radiologists SC 1446 Momentum Place Chicago, IL 60689-5314
Tiffene Ramos 21736 W Joplin Ct Plainfield, IL 60544-7019	West Asset Management PO Box 2308 Sherman, TX 75091
Tiffene Ramos 21736 W Joplin Ct Plainfield, IL 60544-7019	DuPage Pulmonary Assoc LLC 2500 S. Highland Ave, Suite 325 Downers Grove, IL 60515

In re Anthony Ramos, Case No. _____
Debtor

SCHEDULE H - CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Tiffene Ramos 21736 W Joplin Ct Plainfield, IL 60544-7019	Edward Hospital & Health Services 801 S. Washington St. Naperville, IL 60540-7060
Tiffene Ramos 21736 W Joplin Ct Plainfield, IL 60544-7019	Emergency Healthcare Physicians C/O State Collection Service, INC P.O. Box 6250 Madison, WI 53716-0250
Tiffene Ramos 21736 W Joplin Ct Plainfield, IL 60544-7019	First Midwest Bank 153 491 South Route 59 Aurora, IL 60504
Tiffene Ramos 21736 W Joplin Ct Plainfield, IL 60544-7019	Full Scope Family Medicine 1828 Bay Scott Circle, Suite 112 Naperville, IL 60540
Tiffene Ramos 21736 W Joplin Ct Plainfield, IL 60544-7019	M&M Orthopaedics Ltd 4300 Commerce Ct Ste #230 Lisle, IL 60532-3698
Tiffene Ramos 21736 W Joplin Ct Plainfield, IL 60544-7019	R.H. Donnelley C/O McCarthy, Burgess & Wolf 26000 Cannon Road Cleveland, OH 44146
Tiffene Ramos 21736 W Joplin Ct Plainfield, IL 60544-7019	DuPage Medical Group C/O Merchants Credit Guide Co 223 W Jackson Blvd. Chicago, IL 60606
Tiffene Ramos 21736 W Joplin Ct Plainfield, IL 60544-7019	DuPage Medical Group C/O Merchants Credit Guide Co 223 W Jackson Blvd Chicago, IL 60606
Tiffene Ramos 21736 W Joplin Ct Plainfield, IL 60544-7019	DuPage Medical Group C/O Merchants Credit Guide Co 223 W Jackson Blvd Chicago, IL 60606
Tiffene Ramos 21736 W Joplin Ct Plainfield, IL 60544-7019	Midwest Women OB Gyn Ltd 3828 Highland Ave, Suite 2F Downers Grove, IL 60515-1548
Tiffene Ramos 21736 W Joplin Ct Plainfield, IL 60544-7019	Naperville Radiologists 6910 S. Madison St. Willowbrook, IL 60527
Tiffene Ramos 21736 W Joplin Ct Plainfield, IL 60544-7019	Nelson Watson & Associates, LLC P.O. Box 1299 Haverhill, MA 01831-1799

In re Anthony Ramos, Case No. _____
Debtor

SCHEDULE H - CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Tiffene Ramos 21736 W Joplin Ct Plainfield, IL 60544-7019	North Shore Agency, Inc. - NU1 PO Box 8901 Westbury, NY 11590-8901
Tiffene Ramos 21736 W Joplin Ct Plainfield, IL 60544-7019	Quest Diagnostics PO Box 64804 Baltimore, MD 21264
Tiffene Ramos 21736 W Joplin Ct Plainfield, IL 60544-7019	Samaritan Interfaith Counseling Ctr 1819 Bay Scott Circle, Suite 109 Naperville, IL 60540-1130
Tiffene Ramos 21736 W Joplin Ct Plainfield, IL 60544-7019	Silverleaf Resorts, Inc. P.O. Box 132640 Dallas, TX 75313
Tiffene Ramos 21736 W Joplin Ct Plainfield, IL 60544-7019	State Farm Insurance Co. C/O Insurance Support Center P.O. Box 680001 Dallas, TX 75368-0001
Tiffene Ramos 21736 W Joplin Ct Plainfield, IL 60544-7019	State Farm Insurance Co. C/O Insurance Support Center P.O. Box 680001 Dallas, TX 75368-0001
Tiffene Ramos 21736 W Joplin Ct Plainfield, IL 60544-7019	Suburban Radiologists SC 1446 Momentum Place Chicago, IL 60689-5314
Tiffene Ramos 21736 W Joplin Ct Plainfield, IL 60544-7019	The Center for Surgery 475 E Diehl Rd Naperville, IL 60563-3278

B6I (Official Form 6I) (12/07)

In re **Anthony Ramos**

Debtor(s)

Case No.

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
Married	RELATIONSHIP(S):	AGE(S):
	Daughter	11 Years
	Son	14 Years
	Daughter	19 Years
Employment:	DEBTOR	SPOUSE
Occupation	computers	
Name of Employer	Acxiom	Unemployed
How long employed	7.5 yrs	
Address of Employer	1501 Opus Place Downers Grove, IL 60515	

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)

DEBTOR	SPOUSE
\$ 7,912.44	\$ 0.00
\$ 0.00	\$ 0.00

2. Estimate monthly overtime

3. SUBTOTAL

\$ 7,912.44	\$ 0.00
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4. LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

\$ 1,946.04	\$ 0.00
--------------------	----------------

b. Insurance

\$ 0.00	\$ 0.00
----------------	----------------

c. Union dues

\$ 0.00	\$ 0.00
----------------	----------------

d. Other (Specify) See Detailed Income Attachment

\$ 2,120.34	\$ 0.00
--------------------	----------------

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 4,066.38	\$ 0.00
--------------------	----------------

6. TOTAL NET MONTHLY TAKE HOME PAY

\$ 3,846.06	\$ 0.00
--------------------	----------------

7. Regular income from operation of business or profession or farm (Attach detailed statement)

\$ 0.00	\$ 0.00
----------------	----------------

8. Income from real property

\$ 0.00	\$ 0.00
----------------	----------------

9. Interest and dividends

\$ 0.00	\$ 0.00
----------------	----------------

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

\$ 0.00	\$ 0.00
----------------	----------------

11. Social security or government assistance

(Specify):

\$ 0.00	\$ 0.00
----------------	----------------

12. Pension or retirement income

\$ 0.00	\$ 0.00
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13. Other monthly income

(Specify):

\$ 0.00	\$ 0.00
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\$ 0.00	\$ 0.00
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14. SUBTOTAL OF LINES 7 THROUGH 13

\$ 0.00	\$ 0.00
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15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ 3,846.06	\$ 0.00
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16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

\$ 3,846.06	
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(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

B6I (Official Form 6I) (12/07)

In re Anthony Ramos
Debtor(s)

Case No. _____

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)
Detailed Income Attachment

Other Payroll Deductions:

Child Support Garnishment	\$ 1,660.00	\$ 0.00
Medical HSA Enhanced	\$ 198.72	\$ 0.00
Dental Major	\$ 135.18	\$ 0.00
Vision	\$ 17.92	\$ 0.00
Supp ADD Assoc Spouse	\$ 14.40	\$ 0.00
Health Savings Account	\$ 94.12	\$ 0.00
Total Other Payroll Deductions	\$ 2,120.34	\$ 0.00

BJ (Official Form 6J) (12/07)

In re **Anthony Ramos**

Debtor(s)

Case No.

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	1,645.00
a. Are real estate taxes included? Yes <u>X</u> No ____		
b. Is property insurance included? Yes <u>X</u> No ____		
2. Utilities:		
a. Electricity and heating fuel	\$	250.00
b. Water and sewer	\$	110.00
c. Telephone	\$	150.00
d. Other See Detailed Expense Attachment	\$	240.00
3. Home maintenance (repairs and upkeep)	\$	75.00
4. Food	\$	400.00
5. Clothing	\$	50.00
6. Laundry and dry cleaning	\$	50.00
7. Medical and dental expenses	\$	0.00
8. Transportation (not including car payments)	\$	300.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	50.00
10. Charitable contributions	\$	0.00
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	0.00
b. Life	\$	0.00
c. Health	\$	0.00
d. Auto	\$	100.00
e. Other	\$	0.00
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify)	\$	0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	841.23
b. Other Lakewood Falls Homeowners Association Dues	\$	46.00
c. Other First Midwest Bank Honda Pilot	\$	298.28
14. Alimony, maintenance, and support paid to others	\$	0.00
15. Payments for support of additional dependents not living at your home	\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	0.00
17. Other	\$	0.00
Other	\$	0.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	4,605.51
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:		

20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I	\$	3,846.06
b. Average monthly expenses from Line 18 above	\$	4,605.51
c. Monthly net income (a. minus b.)	\$	-759.45

B6J (Official Form 6J) (12/07)

In re **Anthony Ramos**

Debtor(s)

Case No. _____

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)
Detailed Expense Attachment

Other Utility Expenditures:

Garbage	\$	45.00
Comcast Cable	\$	75.00
Work Cell Phone	\$	120.00
Total Other Utility Expenditures	\$	240.00

B6 Declaration (Official Form 6 - Declaration). (12/07)

**United States Bankruptcy Court
Northern District of Illinois**

In re **Anthony Ramos**
Debtor(s)

Case No. _____
Chapter **7**

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **36** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **May 6, 2009**

Signature **/s/ Anthony Ramos**
Anthony Ramos
Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

B7 (Official Form 7) (12/07)

United States Bankruptcy Court
Northern District of Illinois

In re **Anthony Ramos**

Debtor(s)

Case No.

Chapter

7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None



State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT
\$31,169.76

SOURCE
2009 YTD Husband Employment Income
Acxiom Corporation
301 Industrial Blvd
Conway AR 72032

\$0.00
\$82,517.82

2009 Wife YTD Employment Income
2008 Husband Employment Income
Acxiom Corporation
301 Industrial Blvd
Conway, AR 72032

AMOUNT	SOURCE
\$2,038.40	2008 Wife Employment Income Meijer 3/22/08 - 5/03/08
\$560.17	2008 Wife Employment Income McDonald's
\$5,288.56	2008 Wife Employment Income Staffmark East, LLC 435 Elm Street, Suite 300 Cincinnati, OH 45202
\$83,272.00	2007 Husband & Wife Employment Income Acxiom Corporation - Husband

2. Income other than from employment or operation of business

None ☐ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
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3. Payments to creditors

None ☐ **Complete a. or b., as appropriate, and c.**

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None ☐ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
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None ☐ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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4. Suits and administrative proceedings, executions, garnishments and attachments

- None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Will County Animal Control - D vs. Anthony Ramos and Tiffene Ramos Case No. 2008 OV 010535	Complaint	In The Circuit Court For The Twelfth Judicial Circuit Will County - Joliet, Illinois	Judgment

- None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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5. Repossessions, foreclosures and returns

- None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
Ford Credit National Bankruptcy Service Ctr P.O. Box 537901 Livonia, MI 48153-7901	March, 2008	2006 Ford E450 Custom Van Market Value \$60,000.00 Claim Amount \$71,978.01

6. Assignments and receiverships

- None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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- None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

- None ☐ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

- None ☐ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Myler, Ruddy & McTavish 105 E Galena Blvd, Ste #800 Aurora, IL 60505	March 3, 2009	\$299.00 Filing Fee

10. Other transfers

- None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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- None ☐ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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11. Closed financial accounts

- None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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12. Safe deposit boxes

None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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18. Nature, location and name of business

- None ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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- None ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within **six years** immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

- None ☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
------------------	-------------------------

None ☐ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
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None ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME	ADDRESS
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None ☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS	DATE ISSUED
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20. Inventories

None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
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None ☐ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
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21 . Current Partners, Officers, Directors and Shareholders

None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
------------------	--------------------	------------------------

None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
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22 . Former partners, officers, directors and shareholders

None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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23 . Withdrawals from a partnership or distributions by a corporation

None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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24. Tax Consolidation Group.

None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
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25. Pension Funds.

None ☐ If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)
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DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date May 6, 2009

Signature /s/ Anthony Ramos
Anthony Ramos
Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

B8 (Form 8) (12/08)

United States Bankruptcy Court
Northern District of Illinois

In re **Anthony Ramos**

Debtor(s)

Case No.

Chapter

7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name: Citizens Automobile Finance	Describe Property Securing Debt: 2007 Nissan Murano, 20,000 mi.
Property will be (check one): <input checked="" type="checkbox"/> Surrendered <input type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input type="checkbox"/> Claimed as Exempt <input checked="" type="checkbox"/> Not claimed as exempt	

Property No. 2	
Creditor's Name: First Midwest Bank	Describe Property Securing Debt: 2003 Honda Pilot, 85,000 mi
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

B8 (Form 8) (12/08)

Page 2

Property No. 3	
Creditor's Name: Lakewood Falls Community Assoc	Describe Property Securing Debt: Single Family Home - 21736 W. Joplin Ct., Plainfield, IL
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

Property No. 4	
Creditor's Name: Wells Fargo Home Mortgage	Describe Property Securing Debt: Single Family Home - 21736 W. Joplin Ct., Plainfield, IL
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

PART B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name: -NONE-	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date May 6, 2009
 Signature /s/ Anthony Ramos
Anthony Ramos
 Debtor

Document Page 53 of 66
United States Bankruptcy Court
Northern District of Illinois

In re **Anthony Ramos**

Debtor(s)

Case No.

Chapter **7**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	\$	<u>500.00</u>
Prior to the filing of this statement I have received.....	\$	<u>0.00</u>
Balance Due.....	\$	<u>500.00</u>

2. \$ **299.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: **May 6, 2009**

/s/ Richard G. Larsen

Richard G. Larsen
Myler, Ruddy & McTavish
105 E. Galena Blvd.
8th Floor
Aurora, IL 60505
630-897-8475 Fax: 630-897-8076
amctavish@mrmlaw.com cmyley@mrmlaw.com

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments

over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of Attorney

I hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Richard G. Larsen
 Printed Name of Attorney
 Address:
105 E. Galena Blvd.
8th Floor
Aurora, IL 60505
630-897-8475
amctavish@mrmlaw.com cmyler@mrmlaw.com

X **/s/ Richard G. Larsen** **May 6, 2009**
 Signature of Attorney Date

Certificate of Debtor

I (We), the debtor(s), affirm that I (we) have received and read this notice.

Anthony Ramos
 Printed Name(s) of Debtor(s)

X **/s/ Anthony Ramos** **May 6, 2009**
 Signature of Debtor Date

Case No. (if known) _____

X _____
 Signature of Joint Debtor (if any) Date

**United States Bankruptcy Court
Northern District of Illinois**

In re **Anthony Ramos**

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: **96**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **May 6, 2009**

/s/ Anthony Ramos

Anthony Ramos

Signature of Debtor

Accelerated Rehab Centers LTD
2396 Momentum Place
Chicago, IL 60689-5323

Adventist Bolingbrook Hospital
C/O North American Credit Services
P.O. Box 182221
Chattanooga, TN 37422-7221

Adventist Bolingbrook Hospital
P.O. Box 9287
Oak Brook, IL 60522-9287

Adventist Hinsdale Hospital
PO Box 9247
Hinsdale, IL 60522-9247

Advocate Good Samaritan Hospital
3815 Highland Avenue
Downers Grove, IL 60515

AT&T
P.O. Box 6428
Carol Stream, IL 60197-6428

AT&T
C/O Collection Company of America
P.O. Box 806
Norwell, MA 02061-0806

AT&T Real Yellow Pages
C/O DEX
8519 Innovation Way
Chicago, IL 60682-0085

Care Credit/GE Money Bank
P.O. Box 981127
El Paso, TX 79998-1127

Care Credit/GE Money Bank
PO Box 960061
Orlando, FL 32896-0061

Center for Surgery Hinsdale Hosp
C/O Creditors Collection Bureau Inc
P.O. Box 63
Kankakee, IL 60901-0063

Chase Bank USA, N.A.
Bankruptcy Dept
PO Bos 10018
Kennesaw, GA 30156

Chase Bank USA, N.A.
C/O MRS Associates, Inc
1930 Olney Ave
Cherry Hill, NJ 08003

Citizens Automobile Finance
One Citizens Drive
Riverside, RI 02915

Citizens Automobile Finance
PO Box 42002
Providence, RI 02940-2002

Clerk Of The 12th Judicial Circuit
14 West Jefferson Street
Room 208
Joliet, IL 60432

Clerk of the Circuit Court Cook Cty
28 N. Clark Street
Room 200
Chicago, IL 60602

Comcast
P.O. Box 3002
Southeastern, PA 19398-3002

Corwin Medical Care LTD
15728 S. Route 59
Plainfield, IL 60544

Discover Bank
P.O. Box 15251
Wilmington, DE 19886-5251

Discover Card
C/O CBCS
P.O. Box 1810
Columbus, OH 43216-1810

Discover Card
P.O. Box 15192
Wilmington, DE 19850-5192

Discover Financial Services
P.O. Box 3025
New Albany, OH 43054-3025

DuPage Medical Group
1860 Paysphere Circle
Chicago, IL 60674

DuPage Medical Group
C/O Merchants Credit Guide Co
223 W Jackson Blvd.
Chicago, IL 60606

DuPage Medical Group
C/O Merchants Credit Guide Co
223 W Jackson Blvd
Chicago, IL 60606

DuPage Pulmonary Assoc LLC
2500 S. Highland Ave, Suite 325
Downers Grove, IL 60515

Edward Hospital
PO Box 4207
Carol Stream, IL 60197-4207

Edward Hospital & Health Services
C/O Revenue Production Mgmt - IL T
Dept 77308, PO Box 77000
Detroit, MI 48277-0308

Edward Hospital & Health Services
801 S. Washington St.
Naperville, IL 60540-7060

Emergency Healthcare Physicians
C/O State Collection Service, INC
P.O. Box 6250
Madison, WI 53716-0250

Emergency Healthcare Physicians
39182 Treasury Center
Chicago, IL 60694

Farhat Schaefer
3701 Village Drive
Hazel Crest, IL 60429

First Federal Credit Control
P.O. Box 20790
Columbus, OH 43220-0790

First Midwest Bank
410 W Lockport St
Plainfield, IL 60544

First Midwest Bank
P.O. Box 9003
Gurnee, IL 60031-9003

First Midwest Bank 153
491 South Route 59
Aurora, IL 60504

Ford Credit
National Bankruptcy Service Ctr
P.O. Box 537901
Livonia, MI 48153-7901

Ford Credit
Department #267901
PO Box 55000
Detroit, MI 48255-2679

Ford Motor Credit Company
Dept 194101
P.O. Box 55000
Detroit, MI 48255-1941

Full Scope Family Medicine
1828 Bay Scott Circle, Suite 112
Naperville, IL 60540

GE Money Bank
PO Box 981439
El Paso, TX 79998

Harris & Harris Ltd
600 W Jackson Blvd Ste #400
Chicago, IL 60661

Hinsdale Hospital Cardiology
C/O Creditors Collection Bureau Inc
P.O. Box 63
Kankakee, IL 60901-0063

Hobson Dental Associates
7409 Woodridge Dr
Woodridge, IL 60517

ICS Collection Service
PO Box 1010
Tinley Park, IL 60477-9110

Illinois Department of Revenue
ICS Payment & Correspondence Unit
P.O. Box 19043
Springfield, IL 62794-9043

Illinois Department of Revenue
101 W. Jefferson St.
P.O. Box 19475
Springfield, IL 62794-9475

Illinois Department of Revenue
C/O Harvard Collection Services Inc
4839 N. Elston Ave
Chicago, IL 60630-2534

IPC of Illinois
PO Box 92934
Los Angeles, CA 90009

Lakewood Falls Community Assoc
C/O Keough & Moody, P.C.
1001 East Chicago Ave, Suite 103
Naperville, IL 60540

Lakewood Falls Community Assoc
50 E. Commerce Dr., Suite 110
Schaumburg, IL 60173

Law Office of Thomas J Vloch
477 E Butterfield Rd, Ste #103
Lombard, IL 60148

Lockport Township Fire Protection
828 E. 95th Street
Lockport, IL 60441

M&M Orthopaedics Ltd
4300 Commerce Ct, Ste #230
Lisle, IL 60532-3698

M&M Orthopaedics Ltd
4300 Commerce Ct Ste #230
Lisle, IL 60532-3698

Mark E. Becker
Attorney At Law
1105 W. Burlington Ave
Western Springs, IL 60558

Med Busi Bur
1460 Renaissance D Ste 400
Park Ridge, IL 60068

Merchants Credit
2230 W Jackson Blvd Ste #900
Chicago, IL 60606

Metropolitan Life Insurance Co
P.O. Box 30375
Tampa, FL 33630-3375

Metropolitan Life Insurance Co
P.O. Box 37487
Pittsburgh, PA 15250-7487

Michael Sabath, Esq
2333 Waukegan Rd Ste #260
Bannockburn, IL 60015

MidAmerica Cardiovascular Consultnt
5009 W 95th St
Oak Lawn, IL 60453

MidAmerica Cardiovascular Consultnt
PO Box 66973
Slot 303144
Chicago, IL 60666-0973

Midwest Women OB Gyn Ltd
3828 Highland Ave, Suite 2F
Downers Grove, IL 60515-1548

Naperville Radiologists
6910 S. Madison St.
Willowbrook, IL 60527

National Home Gardening Club
P.O. Box 3526
Minnetonka, MN 55343-3526

Nelson Watson & Associates, LLC
P.O. Box 1299
Haverhill, MA 01831-1799

Nicor Gas
1844 W. Ferry Rd.
Naperville, IL 60563-9662

North Shore Agency, Inc. - NU1
PO Box 8901
Westbury, NY 11590-8901

Oaklawn Radiology Imaging Consultnt
37241 Eagle Way
Chicago, IL 60678

Palos Interests SC
5702 W 95th St
Oak Lawn, IL 60453

Physicians Billing Office
PO Box 7003
Bolingbrook, IL 60440-7003

Quest Diagnostics
PO Box 64804
Baltimore, MD 21264

R.H. Donnelley
C/O McCarthy, Burgess & Wolf
26000 Cannon Road
Cleveland, OH 44146

Samaritan Interfaith Counseling Ctr
1819 Bay Scott Circle, Suite 109
Naperville, IL 60540-1130

Sams' Club
PO Box 530942
Atlanta, GA 30353-0942

Sears
C/O FMA Alliance, Ltd.
P.O. Box 2409
Houston, TX 77252-2409

Sears Credit Cards
PO Box 183082
Columbus, OH 43218-3082

Silverleaf Resorts, Inc.
P.O. Box 132640
Dallas, TX 75313

State Farm Insurance Co.
C/O Insurance Support Center
P.O. Box 680001
Dallas, TX 75368-0001

Suburban Radiologists SC
1446 Momentum Place
Chicago, IL 60689-5314

Sudhir M. Gokhale, MD, SC
10522 S Cicero Ste 2D
Oak Lawn, IL 60453

Surgical Consultants of DuPage
908 N Elm St #310
Hinsdale, IL 60521

Target National Bank
C/O Enhanced Recovery Corp
8014 Bayberry Road
Jacksonville, FL 32256-7412

Target National Bank
C/O Target Credit Services
P.O. Box 59317
Minneapolis, MN 55459-0317

Target National Bank
C/O NCO Financial Systems
P.O. Box 15740
Wilmington, DE 19850-5740

The Center for Surgery
475 E Diehl Rd
Naperville, IL 60563-3278

Tiffene Ramos
21736 W Joplin Ct
Plainfield, IL 60544-7019

Trustmark Recovery Services
541 Otis Bowen Dr
Munster, IN 46321

United Mileage Plus
Cardmember Service
PO Box 15153
Wilmington, DE 19886-5153

Village of Romeoville
13 Montrose Drive
Romeoville, IL 60446-1390

Wells Fargo Home Mortgage
PO Box 5296
Carol Stream, IL 60197-5296

Wells Fargo Home Mortgage
PO Box 10335
Des Moines, IA 50306

West Asset Management
PO Box 2308
Sherman, TX 75091

Will County Animal Control
1200 S. Cedar Rd
New Lenox, IL 60451